

Index of Claims	Application No. <div style="font-size: 1.5em; font-family: cursive;">09/896471</div>	Applicant(s)	
	Examiner	Art Unit	<div style="font-size: 1.5em; font-family: cursive;">6/29/01</div>

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<input type="checkbox"/>	Allowed	<input type="checkbox"/> +	Restricted	<input type="checkbox"/> I	Interference	<input type="checkbox"/> O	Objected

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